



**IOWA DEPARTMENT OF NATURAL RESOURCES
LAND QUALITY BUREAU
502 EAST 9th STREET - DES MOINES, IA 50319-0034
Telephone: (515) 281-8941; Fax: (515) 281-8895**



PETITION FOR WAIVER OR VARIANCE

Pursuant to 561 Iowa Administrative Code Chapter 10, Waivers or Variances from Administrative Rules, a petitioner must provide comprehensive justification of a proposed request for a waiver or variance to an administrative rule as adopted by the Department.

This form will assist you in providing all pertinent information that is necessary for the Department to grant a waiver or variance. The form must be submitted to the Department and must contain an adequate amount of factual and concise information. The obligation rests with the petitioner to provide convincing evidence to justify the granting of a waiver or variance. You may provide additional information or attach additional pages if needed. The Department reserves the right to require additional information to further support request for a waiver or variance.

Petitions will be comprehensively evaluated by the Department. The Department reserves the right to place any condition on the waiver/variance. If information is not inclusive, concise, or does not adhere to the justifications and/or proof the petitioner has submitted, the waiver or variance may be denied. Upon review, the department will grant or deny the waiver or variance in writing.

Waivers and variances are temporary unless evidence is shown that a temporary waiver or variance would be impracticable. Once the waiver or variance expires the rule will be enforceable. There is no automatic renewal of waivers or variances. The Department may renew a waiver or variance at its discretion. Please note that the Department is not allowed to waive or alter a statutory duty or requirement.

CONTACT INFORMATION

Petitioner Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____

Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____

PETITIONER JUSTIFICATION

Petitioner must provide clear and convincing evidence to prove the following:

1. Please describe the specific requested waiver or variance.

2. Cite the specific Administrative Rule from which the waiver or variance is requested.

3. What permit is the waiver or variance requested for?

4. What operations will the waiver or variance include?

5. Pursuant to IAC 561 Chapter 10.5 a waiver or variance shall not be permanent. Is a temporary waiver or variance impractical for the facility? If so, how?

6. Requested time extent of waiver or variance?

7. Please list relevant facts which justify the waiver or variance.

8. How and why is the absence of the waiver or variance posing an undue hardship for the facility?

9. How will equal protection of public health, safety, and welfare be maintained if the waiver or variance is granted? Provide any analytical data and/or studies to support your justification.

10. In the past 5 years:

Has the facility been issued an NOV? ☐ Yes ☐ No

If yes, please explain:

Administrative Order? ☐ Yes ☐ No

If yes, please explain:

Involved in contested case proceedings? ☐ Yes ☐ No

If yes, please explain:

In a court of law? ☐ Yes ☐ No

If yes, please explain:

11. Are there any public agencies, political subdivisions of the state or federal government, person or entity which may be affected by the granting of the proposed waiver or variance? ☐ Yes ☐ No

If yes, you must provide the name(s), address(es), telephone number(s), and other relevant contact information.

12. If the waiver or variance is granted, would it adversely affect any person's rights? ☐ Yes ☐ No

If yes, please explain and provide the name(s), address(es), telephone number(s), and other relevant contact information.

13. Do you know how the Department has treated similar situations? ☐ Yes ☐ No

If yes, describe how similar situations were handled:

PETITIONER CERTIFICATION

The Department shall grant or deny a petition for a waiver or variance with 120 days of the receipt of the petition. Failure of the Department to grant or deny a petition within the required time period shall be deemed a denial of that petition by the Department. A waiver or variance is void if the material facts are not true or if facts have been withheld. The Department reserves the right to cancel a waiver or variance at any time if the Department finds that the facts as stated in the request are not true, material facts have been withheld, the alternative means of compliance provided in the waiver or variance have failed to achieve the objectives of the statute, or the requester has failed to comply with the conditions of the waiver or variance.

By signing this petition, I certify that all information listed on this petition and any attached additional information is factual and accurate.

Signature: _____

Name: _____

Position: _____

Date: _____